



# CECSD Universal Pre-K Program Phase I - Registration Form

**DIRECTIONS:** Please provide the information requested below. Please **sign** and bring this form to the Cortland Enlarged City School District's Registration Office. **Students will be assigned to centers on a first-come basis.** Registration opens March 26, 2018.

**KENDRA CHAMBERS, CENTRAL REGISTRATION  
KAUFMAN CENTER  
1 VALLEY VIEW DRIVE, CORTLAND, NEW YORK 13045  
Phone: 758-4106: Hours 8:00 a.m. – 4:30 p.m.**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST FIRST MIDDLE MO / DAY / YR

GENDER: MALE FEMALE PLACE OF BIRTH: \_\_\_\_\_

Ethnicity: Please circle all appropriate selections  
Hispanic or Latino (Y/N): American Indian/Alaskan Native Asian AfrAm/Black Native Hawaiian/Other Pacific Islander White

\_\_\_\_\_  
PARENT'S/GUARDIAN'S NAME (1) ADDRESS PHONE #

EMPLOYMENT: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

\_\_\_\_\_  
PARENT'S/GUARDIAN'S NAME (2) ADDRESS PHONE #

E-MAIL: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

ADDITIONAL CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DO YOU HAVE LEGAL CUSTODY OF THIS CHILD?  YES  NO  
IS THIS CHILD A FOSTER CHILD IN YOUR HOME?  YES  NO  
DOES THIS CHILD HAVE A DEVELOPMENTAL DISABILITY REQUIRING ASSISTANCE?  YES  NO

WILL YOU REQUIRE WRAP-AROUND CARE FOR YOUR CHILD?  YES  NO  UNSURE

At least 36% of the students selected for the program must meet the low-income criteria outlined below:  
DO YOU QUALIFY FOR LOW-INCOME PREFERENCE?  YES  NO  UNSURE

IF YES OR UNSURE, PLEASE CHECK ALL THAT APPLY:

- TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)
- FREE OR REDUCED PRICE SCHOOL LUNCH
- FOOD STAMPS
- MEDICAID
- UNEMPLOYMENT COMPENSATION OR DISABILITY COMPENSATION
- ELIGIBLE FOR LOW INCOME DAY CARE PROGRAM (DSS)

IF YES OR UNSURE, PLEASE COMPLETE BELOW:

\_\_\_\_\_ # OF PERSONS IN HOUSEHOLD  
\_\_\_\_\_ TOTAL 2017 HOUSEHOLD INCOME BEFORE TAXES

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please turn over 

The Cortland Enlarged City School District has received applications from the local agencies listed below to provide the half-day 2018-2019 Universal Pre-K Program. All children will be assigned to centers on a first-come basis. Please be prepared (when you come to the Kaufman Center office to register your child) with a second and third choice in the event your first choice site is full. Spaces are provided below for you to indicate your first, second, and third choices.

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Providers		
<b>CAPCO Head Start Program,</b>	32 N. Main Street (Program held at Barry School)	
<b>CAPCO Head Start Program</b>	32 N. Main Street (Program held at Parker School)	
<b>CAPCO Head Start Program</b>	32 N. Main Street (Program held at Randall School)	
<b>CAPCO Head Start Program</b>	32 N. Main Street (Program held at Smith School)	
<b>Cortland County Child Development Center</b>	59 Pomeroy Street	
<b>YMCA Pre-School Plus (Y2)</b>	22 Tompkins Street	
<b>YWCA Here We Grow</b>	16 Miller Street	
<b>SUNY Cortland Child Care Center</b>	Education Building, Room 1000	
<b>Choice 1</b>	<b>Choice 2</b>	<b>Choice 3</b>

### CECSD Universal Pre-K - Fact Sheet

- Child must reside in the Cortland Enlarged City School District
- Child's birth date must fall between 12/02/13 and 12/01/14
- The Pre-K program(s) will be held on-site at the selected daycare/pre-school(s).
- Transportation will be the responsibility of the parent/guardian(s).
- Pre-K sessions will be half-days, five days per week, and will follow the CECSD calendar. Parents will be responsible for following an attendance policy.
- There is no charge for the half-day Pre-K Program
- Before and/or after program hours childcare may be arranged through the daycare/ preschool providers. Please check with providers for fees and waivers.
- Children will be assigned to centers on a first-come basis.
- NYS immunization requirements for pre-kindergarten must be met along with a physical exam (within ninety days of the beginning of the program).

**FOR OFFICE USE ONLY:** DATE RECEIVED: \_\_\_\_\_ OFFICE USE #: \_\_\_\_\_ WAIT LIST # \_\_\_\_\_

QUALIFIES FOR ECONOMIC PREFERENCE:  YES  NO  UNSURE

CENTER ASSIGNMENT: \_\_\_\_\_

PERSON CONTACTED: \_\_\_\_\_ DATE CONTACTED \_\_\_\_\_

cc: Board of Education  
UPK Council